



Round Rock Texas
Senior Citizens
F o u n d a t i o n

P.O. Box 481 Round Rock TX 78680
www.RRTxSrFoundation.org

APPLICATION FOR MEMBERSHIP

(Please Type or Print Neatly)

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-Mail: Address: _____

There are two kinds of members. For which kind are you applying?

*(If neither and you are applying as a consultant, continue completing only the **two** sections marked ****** below.)*

Voting Member _____ Non-voting (Honorary) Member _____

Date of Birth: _____ *(Foundation Bylaws require 55% of the members be over the age of 55)*

Are you available for: *(Check all that apply)*

Evening Meetings? _____ Daytime Meetings? _____ Weekend Meetings/Functions? _____

****In which other organizations and/or community activities are you now serving or have you served? In which capacity(s)? When?**

After your first year of membership would you be interested in serving as an officer?

If so, which? *(Voting members may become officers)*

President _____ Vice President _____ Secretary _____ Treasurer _____

If you were given detailed operating procedures and duties, would you be willing to participate in committees? If so, in which capacities?

Chair _____ Co-Chair _____ Member _____

****Briefly describe contributions you would like to make as a member of, or as a consultant to, the RR Senior Citizens Foundation, and how you are qualified to make them.**